

2025 Community Garden Soil Testing Program

Applicant Information

Garden Name:

Garden Address & zip:

Garden County:

Contact Name:

Organization & Title:

Email Address:

Phone Number:

Harvest NY Specialist:

Name & counties served

([Karen Guzman](#) – NYC – Queens, Bronx, & Staten Island)

([Kwesi Joseph](#) – NYC – Brooklyn & Manhattan)

([Judson Reid](#) – state-wide)

([Mallory Hohl](#) – WNY, Finger Lakes Region, state-wide*)

Eligibility

Both of the following statements about this garden are true (please check both boxes):

- I grow food in this garden.
- The food grown in this garden is shared with others.

Applicant Signature

By participating in the NYS Department of Agriculture and Markets Community Garden Soil Testing Program, I allow my contact information to also be shared with Cornell University and Cornell Cooperative Extension Harvest NY.

Signature:

Name (printed):

Date:

Email this completed PDF application to: [Mallory Hohl](mailto:Mallory.Hohl@cornell.edu) at mdh286@cornell.edu with the subject: ‘2025 Community Gardens Soil Testing Program Application’.

2025 Community Garden Soil Testing Program

Shipping Kit Request Form

New in 2025, we are able to provide Shipping Kits to help gardeners send their soil sample for testing to the Cornell Soil Health Lab. **If you would like to request a Shipping Kit, please complete this form indicating your request. Thank you!**

Garden Name:

Contact Name:

Garden Address:

Full Mailing Address:

I request a Shipping Kit